FEB 2 1 2006

PTO/SB/21 (09-04) (AW 10/2004)
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Total Number of Pages in This Submission

	1	
Application Number	10/624,062	
Filing Date	July 21, 2003	
First Named Inventor	Jeffrey Hutchinson	
Art Unit	1761	
Examiner Name	Thuy Tran Lien	
Attorney Docket No.	RWB-040US1	

ENCLOSURES (Check all that apply)								
Fee Transmittal Form	Drawing(s)	After Allowance Communication to TC						
Amendment/Reply	Licensing-related Papers Petition	Appeal Communication to Board of Appeals and Interferences						
After Final Affidavits/Declaration(s)	Petition to Convert to a Provisional Application	Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)						
Extension of Time Request	Power of Attorney, Revocation, Change of Correspondence Address	Proprietary Information						
Express Abandonment Request	Terminal Disclaimer	Status Letter Other Enclosure(s) (please						
Information Disclosure Statement	Request for Refund	identify below):						
Certified Copy of Priority Document(s)	CD, Number of CD(s) Landscape Table on CD	Request for Reconsideration Form 2038						
Response to Missing Parts/ Incomplete Application		Return Postcard						
Response to Missing Parts under 37 CFR 1.52 or 1.53	Remarks:							
SIGNATURE OF APPLICANT, ATTORNEY OR AGENT								
Firm Name RatnerPlestia 1								
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Date 02/15/06.	Registration No.	28,028						
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2006 W Effective on 12/08/04.		Complete if Known						
Fees pull ant to the Consolidated Appropriations Act. 2005 (H.R. 4818).		Application Number 10/62		10/624,062				
FEE TRANSMITTAL		Filing Date	Filing Date July		July 21, 2003			
ADEMA	For FY 2	2005	First Named Invento	r Jeffre	y Hutchinson			
Applicant claims small entity status. See 37 CFR 1.27		Examiner Name	Examiner Name Thuy		Thuy Tran Lien			
		Art Unit 1761		'61				
TOTAL AMOUN	T OF PAYMENT	(\$) 120.00	Attorney Docket No.	RWB	RWB-040US1			
METHOD OF PA	AYMENT (check a	ll that apply)						
☐ Check 🖾	Credit Card [🛚 Money Order 🔲 N	one 🔲 Other (p	ease ide	entify):			
□ Deposit Acceptable	count Deposit	Account Number: 18-03	B50 Deposit	Accour	nt Name: Ra	tnerPrestia	_	
For the abo	ve-identified dep	osit account, the Director	r is hereby authoriz	ed to: (check all that	t apply)		
☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee								
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FEE CALCULA								
1. BASIC FILIN	G, SEARCH, AND	EXAMINATION FEES						
FILING FEES SEARCH FEES EXAMINATION FEES Small Entity Small Entity Small Entity								
Application Type	<u>Fee (\$)</u>	Fee (\$) Fee (\$)		ee (\$)	Fee (\$)	Fees Paid (\$)		
Utility	300	150 500		200	100			
Design	200 200	100 100 100 300		130 160	65 80			
Plant Reissue	300	150 500	* *	600	300			
Provisional	200	100 0	0	0	0	<u>—</u>		
2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims Total Claims - 20 or HP =								
SUBMITTED BY / / Complete (if applicable)								
Signature	nelash	Registration No. Atto	rney/Agent) 28,028		Telephone	302-778,2500		
Name (Print/Type)	Costas S. Krikelis	40 1g.o	-,		Date	02/15/06		

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